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STATE SENATOR • 19TH SENATE DISTRICT

Testimony before the Assembly Committee on Health, Aging, and Long-Term Care

Senator Rachael Cabral-Guevara

January 31, 2024

Thank you, committee members for allowing me to provide testimony on Assembly Bill 774. Wisconsin faces a mental health crisis, particularly in our prisons. According to the Department of Corrections, over 45 percent of inmates suffer from some form of mental illness.

Entering phases of active psychosis while in a correctional facility presents many complications. It not only puts other inmates in danger, but also puts at risk correctional officers who may not know how to react. When someone is in active psychosis, their mental reality is disconnected from their physical reality, leading to hallucinations and delusions which can result in harming themselves or others.

One solution has been to seclude these inmates in solitary confinement. This not only makes the individual's medical condition more acute, but also puts correctional officers in a dangerous situation when the mental health crisis is left untreated.

This bill would require training for correctional officers on how to identify and report symptoms of psychosis and the transfer of inmates in active psychosis to a mental health treatment facility or the Wisconsin Resource Center.

Prisons do not have adequate staffing levels to properly handle inmates in mental health crises. Additionally, with staffing shortages across the board in prisons, transferring these inmates to the proper facility can reduce the burden on correctional institutions themselves.

Both the Department of Health Services and the Department of Corrections have given feedback on this bill and I thank them for engaging on it. I am hopeful you will be able to support this important piece of legislation that will create a safer environment for everyone in our prison system.



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Assembly Bill 774

Thank you, Chairman Moses and Members of the Assembly Committee on Health, Aging and Long-Term Care for the opportunity to testify in favor of AB 774.

First, I would like to provide some context on the need for this bill. The Department of Corrections (DOC) provides training to incoming staff who will be working with inmates, and does ongoing training as well. Certainly, working in a prison with individuals who have been convicted of felonies is a complex task. Sad to say, many persons in prison or jail suffer from various degrees of mental illness, which sometimes contribute to the criminal behavior.

The justice system and the public as a whole are coming to a better understanding of the issue, but there is still a long way to go. Our culture has long dismissed human beings with mental illnesses with derogatory labels. That kind of careless disregard for fellow human beings has no place in our correctional institutions. I'm not making accusations or saying that this is commonplace in our jails and prisons, but we need to make sure that inmates receive appropriate care.

Treatment is especially important for persons with severe mental illness. Psychosis causes a person to lose touch with reality. They may see or hear things that aren't actually there. In addition to hallucinations, they may experience delusions and paranoia. If psychotic inmates are not diagnosed, their actions are likely to result in being placed in restrictive housing, which is counterproductive to removing the risk of harm to themselves or others.

This bill has a two-fold approach to addressing this situation: training staff to recognize active psychosis, and transferring inmate patients to appropriate treatment facilities.

AB 774 requires DOC to train correctional officers on how to identify symptoms of active psychosis and how to report these symptoms to the appropriate supervisor and medical staff. Currently, statutes allow a physician or psychologist to approve a voluntary transfer to a mental health facility. This bill expands the health care professionals who can approve a transfer to include a registered nurse, licensed practical nurse, and physician assistant. The bill also allows for an emergency transfer for involuntary commitment to the Wisconsin Resource Center or a

Wisconsin state mental health facility if they have reason to believe the person is in active psychosis.

We understand that our facilities are often full and that delays happen. If the inmate has not been transferred within 48 hours, the bill requires that the person be evaluated every 24 hours until the transfer takes place. We don't want a severely mentally ill person to be left unattended awaiting treatment.

I have also introduced an amendment due to requests for changes from the Department of Health Services (DHS) and the Department of Corrections. The amendment allows 72 hours for the patient to be stabilized before authorizing the emergency transfer if he or she is still in active psychosis. While I believe it is best to get treatment as soon as possible, DOC and DHS require this change.

In closing, I appreciate the compassionate legislators who have cosponsored this bill to make sure that prisoners receive the treatment they need to address severe mental illness.



WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary Kevin A. Carr

To: Chairman Moses, Assembly Committee on Committee on Health, Aging and Long-Term Care

From: Anna Neal, Legislative Advisor, Wisconsin Department of Corrections

Date: January 31, 2024

RE: Information Only Testimony for Assembly Bill 774 Relating to: active psychosis and mental health treatment for prisoners.

The Department of Corrections (DOC) appreciates this opportunity to provide testimony for information only on Assembly Bill 774.

Our agency, along with the Department of Health Services (DHS) would like to thank Senator Cabral-Guevara for working closely with our agencies while drafting this bill. Her office allowed each agency the space to discuss their current practices and offer recommendations. AB 774 along with Senate Amendment 1, considers many of our collective recommendations, and for that we thank Senator Cabral-Guevara for working towards a resolution on these matters.

DOC believes the spirit and intention of this bill aligns with our agency's current practices of providing safe and compassionate health care to every person in our care. It takes a vital step in providing clarity to identify, define and address mental health conditions, such as "active psychosis" during incarceration. This, along with the bill's requirement to provide training to correctional officers to identify and report such symptoms, is a significant step towards ensuring the well-being of individuals with mental health concerns and to assure that these individuals are receiving the appropriate care during incarceration. It also builds off of the work DOC already does in this area.

The current law requires all new officers to complete the DOC preservice training program. 301.28 - Training of correctional officers, states

(1) In this section, "correctional officer" means any person classified as a correctional officer employed by the state whose principal duty is the supervision of inmates at a prison, as defined in s. 302.01.

(2)

(a) Correctional officers serving under permanent appointment prior to July 31, 1981 are not required to meet any requirement under par. (b) as a condition of continued employment. Failure of any such correctional officer to fulfill those requirements does not make that person ineligible for any promotional examination for which he or she is otherwise eligible. Those correctional officers may voluntarily participate in this program.

(b) No person may be permanently appointed as a correctional officer unless the person has satisfactorily completed a preservice training program approved by the department.

During this required preservice training program, officers receive 4 hours of training related to Mental Health. The session seeks to share understanding of how many individuals suffer from mental health issues in correctional facilities, and then focuses on how to identify and respond to people with mental health needs. Within that training, scenarios in which uniformed staff should make a referral to psychological services are discussed at length, and embrace a general philosophy of, "When in doubt.... refer."

In addition to the changes made under Senate Amendment 1, DOC would like to provide further context for germane changes to be made. Given our goals are aligned, we believe these small changes will improve the process and outcomes for the persons in our care, and hope these recommendations will be considered.

First, DOC recommends defining "attending" health care professional to include psychology staff (both Licensed Psychologists and Psychological Associates). Both of these classifications are closely involved with the clinical care of patients.

Second, DOC asks that the bill better clarify the language related to transfers. As it currently stands, the bill requires DOC to "authorize" a transfer to a state treatment facility or WRC for a person who resides in a county jail or detention center. Current practice allows for the county jails and detention facilities to make these authorizations on their own, as they are on-site with the individual and best positioned to determine when a transfer should happen. If DOC assumes this responsibility, we would recommend language clarifying that DOC may only authorize transfers for persons in DOC's custody, who are residing in a county jail or detention facility under contract. This would assist in clarifying any confusion or misinterpretation from its intent. For example, DOC should not be authorizing transfers to WRC from a county jail or detention center for treatment purposes for individuals awaiting trial or pre-sentencing, as they are not under the jurisdiction of the DOC.

We look forward to working with members of the legislature on any revisions that may be needed, and with DHS where our work may intersect.